

PR# _____
(For SCDHS use only)

REQUEST FOR PRIVATE WELL WATER ANALYSIS

Date Rec'd by SCDHS _____

RETURN TO:

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
BUREAU OF DRINKING WATER
360 YAPHANK AVENUE, SUITE 1C, YAPHANK, NY 11980
PHONE: (631) 852-5810



Public Health
Prevent. Promote. Protect.

Fee Enclosed:

\$100 _____

\$350 (C.O.) _____

Exempt _____

PLEASE PRINT CLEARLY ABOVE THE LINE

OWNER

TENANT

LAST NAME _____

FIRST NAME _____

HOUSE OR BOX NUMBER _____

STREET NAME _____

VILLAGE _____

ZIP CODE _____

HOME PHONE # _____

BUSINESS PHONE # _____

TAX MAP NUMBER (From your tax bill) _____

District _____

Section _____

Block No. _____

Lot No. _____

WELL DEPTH (If known) _____

DEPTH TO WATER (If known) _____

AGE OF WELL (If known) _____

WELL CASING DIAMETER _____

SPECIFY TYPE OF WATER FILTER INSTALLED, IF ANY

Please check all appropriate water treatment boxes:

- ☐ Carbon
- ☐ Iron and/or manganese removal/treatment
- ☐ Reverse osmosis (nitrates)
- ☐ Cartridge/sediment filter
- ☐ pH Control
- ☐ None

Well Installed by (if known): _____

Date Installed (if known): _____

RESIDENT'S MAILING ADDRESS _____

OWNER'S ADDRESS _____

Health Services Reference No. _____

(New construction/Certificate of Occupancy (C.O.) only)

M.D. Request Enclosed

Yes _____

No _____

Reason for Request:

Rusty _____

Odor _____

Off-taste _____

Blue staining _____

Gen'l. Concern _____

New construction _____

Other _____

Is your name or house number visible from the street:

Yes _____

No _____

Is an outside tap (hose bib) available for sampling?

No _____

Yes _____

Located _____

Are there any infants less than one year old or pregnant women in your house? Yes _____ No _____

Is the request for an aldicarb (Temik) pesticide test only?

Yes _____

No _____

Do you have a Temik filter? Yes _____ No _____

If yes, date last sampled by Health Dept.: _____

Filter No.: _____

Signature of resident or owner _____

DIRECTIONS TO YOUR HOME (Use other side if necessary):

Nearest cross street: _____

Directions and/or map: _____

(1/19/12)